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MAY 14, 2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

MAY - 9 2008 *new*
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MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Larry Gore

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

08CV2697
JUDGE PALLMEYER
MAG. JUDGE MASON

vs.

Case No. _____
(To be supplied by the Clerk of this Court)

Sheriff Tom Dart
and Supt.
Thomas Sneed

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Larry Gere
- B. List all aliases: none
- C. Prisoner identification number: 2007-000-0390
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089002, Chi. IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom Dart
 Title: Sheriff of Cook County
 Place of Employment: Rec. B. Caliserna Chi. IL 60608
- B. Defendant: Thomas Snock
 Title: Superintendent of Div. 11
 Place of Employment: P.O. Box 089002 Chi. IL 60608
- C. Defendant: _____
 Title: _____
 Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: NONE
- B. Approximate date of filing lawsuit: NONE
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: NONE
- D. List all defendants: NONE
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): NONE
- F. Name of judge to whom case was assigned: NONE
- G. Basic claim made: NONE
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): NONE
- I. Approximate date of disposition: NONE

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

My complaint is against the Cook County Department of Correction for their unsanitary living conditions that are causing detainees to have serious boils on the body. I have received one of these boils under my arm pit about the size of a half of dollar which felt a hole in my arm about 2" deep. These boils could be cause by a "staph" infection. I had to have this boil surgically remove that ~~cause~~ cause me serious pain and suffering for over a month. I had to take two type of antibiotics for ten days. I found out that many other detainees around the Cook County Jail has these serious boils on their body as well. The Defendant Supt. Brock is responsible for the well being of all detainees in Div-11 and as such he is responsible for our living condition, and we as detainees have a constitutional rights to be free from living condition that are making us sick. Defendant

Tam Dart are responsible for all detainees well being in the Cook County Jail, and as such he is responsible for our well being and our living condition at the Cook County Jail.

These Defendants are responsible for our change of cloths and bed sheets in which we don't get for weeks at a time. We do not get Hygiene Products Bre week as we should, we do not get cleaning supply to clean our cell or the duct for week at a time. We are force to give our Soap and deodorant to the Detainees that are coming on the new or smell there body odor. We are force to sleep on the floor while mices or crawling all over us.

These defendants are Violating our Constitution Rights under the 5-4- and 14 amendment to the U.S. Constitution and the Illinois Cons.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like this Honorable Court to make the Defendants compensate me for my pain and suffering as well as mental and emotional distress as this Honorable Court deems fit.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20____

Larry Gere

(Signature of plaintiff or plaintiffs)

Larry Gere

(Print name)

2007-000-0390

(I.D. Number)

P.O. BOX 089002

Chicago, IL 60608

(Address)

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES (✓) NO () If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES (✓) NO ()

C. If your answer is YES:

1. What steps did you take?

I file a grievance with the Social Worker at Cook County Jail.

2. What was the result?

Denied

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

Still Pending

D. If your answer is NO, explain why not:

- E. Is the grievance procedure now completed? YES () NO (x)
- F. If there is no grievance procedure in the institution, did you complain to authorities? YES () NO (x)
- G. If your answer is YES:

1. What steps did you take?

2. What was the result?

Still Pending

- H. If your answer is NO, explain why not:
